Information to Write on Order Requisitions or Tube Label to go to Department of Laboratory Med

information to write on	Print order requisition with	to go to Department of Laboratory Med			
	following information or				
	write needed information on				
		=/-//-			
CRIS test name	order requisition; send to	7/ 21/ 04			
Specimens sent to the lab					
with label other than Bar					
Code Label	Order Requsition must				
(e.g.Admissions label)	always accompany specimen				
DRUGS	, , , , , ,				
Acetaminophen	Time of draw				
Acetaminophen					
	Time, date, route of dose; time of				
Amikacin	draw; start-stop times of IV dose Time, date, route of dose; time of				
Carbamazepine	draw				
Саграпагерите	Time, date, route of dose; time of				
Cyclosporin	draw				
	Time, date, route of dose; time of				
Digoxin	draw	This information must be written and sent with			
	Time, date, route of dose; time of	drug test order requisitions. If this information			
Gentamicin	draw;start-stop times of IV dose	is missing, the test will be performed and a			
	Time, date, route of dose; time of	result comment attached to notify physician			
Lithium	draw	that additional information (dose, route, time)			
	Time, date, route of dose; time of	may be required for proper result			
Methotrexate	draw, start-stop times of IV dose	interpretation.			
	Time, date, route of dose; time of	·			
Phenobarbitol	draw Time, date, route of dose; time of				
Phenytoin	draw				
r rienytoin	Time, date, route of dose; time of				
Tacrolimus	draw				
	Time, date, route of dose; time of				
Tobramycin	draw, start-stop times of IV dose				
	Time, date, route of dose; time of				
Valproic Acid	draw				
	Time, date, route of dose; time of				
Vancomycin	draw; start-stop times of IV dose				
G. I.	Dose, Time and date of last dose,				
Sirolimus	time of draw Pre, Post, or Random; Time and date	Write on Label: Pre or Post or Random			
	of draw, infusion start/stop time, any	(the same test must be ordered separately for			
Itraconazole	antimicrobials	Pre, Post, Random)			
	Pre, Post, or Random;Time and date	Write on Label: Pre or Post or Random			
	of draw, infusion start/stop time, any	(the same test must be ordered separately for			
Flucytosine	antimicrobials	Pre, Post, Random)			
		Write on Label: Pre or Post or Random			
	Pre, Post or Random;Time and date	(the same test must be ordered separately for			
Sulfamethoxazole	of draw, infusion start/stop, dose	Pre, Post, Random)			
	,	Write on Label: Pre or Post or Random			
	Pre, Post or Random; Time and date	(the same test must be ordered separately for			
Sulfonamides	of draw, dose, type of Sulfonamide	Pre, Post, Random)			
	, , , , , , , , , , , , , , , , , , ,	Write on Label: Pre or Post or Random			
	Pre, Post or Random; Time and date	(the same test must be ordered separately for			
Sulfadiazine	of draw, dose, type of Sulfa drug	Pre, Post, Random)			
		<u> </u>			

CRIS test name order requisition; send to blood Gas, Art. FIO2, temperature Cooximeter Panel, Art. FIO2, temperature Chem2,WB,Art, OR FIO2, temperature Chem2,WB,Art, OR FIO2, temperature Chem2,WB,Art, OR FIO2, temperature Chem2,WB,Ven. Temperature Chem2,WB,Ven. Temperature Chem2,WB,Ven. Temperature Chem2,WB,Ven. Temperature Microbiology Specimens MISCELLANEOUS If Aliquot, Total volume of collection; date and time of collection with later timed draw order Arnino Add Quart, 1-5, Serum Anti-Diphtheria, Hearnin Body Fluid Tests Type of body fluid Bone Marrow Analysis Chemo Differentials CSF specimens Miscrobiolity order CSF specimens Date of Specimen Collection Mail in specimens Date of Specimen Collection Indicate if P1 is on antihistamines, Volume if 24 hr collection or random (must be other than 1st AM void). New Telopeptides, Ur (must be other than 1st AM void). Corganic Acids, Ur indicate suspected organic acids Research Blood, Urine, Other Print requisition, send to performing lat Serial Tests Variances Verice on Label: Collection time if required Sendout Tests, "OTHER" Name of approved Test variances Verice on Label: Collection time if required Sendout Tests, "OTHER" Name of approved Test variances Verice on Label: Time of the draw Destriction for random (must be other than 1st AM void). Serial Tests Variances Write on Label: Collection time if required Sendout Tests, "OTHER" Name of approved Test variances Verice on Label: Time of the draw of several point, and s		Print order requisition with			
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	Xylose-5gm dose, 5hr,ur	Dose and Time given, time drawn			
Xylose-25gm dose, 5hr,ur Dose and Time given, time drawn					